

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. 09/850496 FILING DATE	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		12					
3		12					
4		12					
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50							
TOTAL IND.	2						
TOTAL DEP.	16						
TOTAL CLAIMS	18	18	18	18	18	18	18

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